

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

NO.
09/700863

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4	/					
5		/				
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43		/				
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47		/				
48		/				
49		/				
50		/				
TOTAL IND.	4					
TOTAL DEP.	53					
TOTAL CLAIMS	57					

AIMS	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/					
52		/				
53	/					
54		/				
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						